

effects and benefits of hand treatment must be carefully designed to determine whether the procedure is cost-effective and when it is required to prevent infection, if this is to be our aim.

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Department of Transportation Delays Rules on Medical Waste

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In response to petitions requesting a withdrawal of medical waste provisions in a final rule that amended the Hazardous Materials Regulation, the Department of Transportation (DOT) extended the compliance date to January 1, 1994, to allow the opportunity for public comment.¹

The amended Hazardous Materials Regulations would have expanded the infectious substance (formerly called etiologic agent) category of regulated hazardous materials to include medical waste. The rule would have adopted the expired medical waste tracking act

definitions for medical waste, significantly increasing the amount of medical waste in this country.

Concern has been voiced to DOT in numerous petitions and comment letters that there is no evidence of the need to further regulate medical waste. Of particular concern is the potential overlap and inconsistency with other federal agencies that already have regulations applying to infectious substances and etiologic agents, including the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), the United States Postal Service (USPS), the Animal and Plant Health Inspection Service

(APHIS), and the Food and Drug Administration (FDA).

In an Advance Notice of Proposed Rulemaking, the DOT acknowledged the need for additional public input. A public hearing was held on March 17, 1993, and DOT requested written comments regarding the definitions of etiologic agents, exceptions for biologic products and diagnostic specimens, adoption of universal precautions, and labeling and packaging requirements.

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